Trauma and its effects in the juvenile justice system

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Trauma and complex posttraumatic outcomes

- Early onset
- Repetitive
- Relational
- Acts of commission
 - Sexual, physical, psychological/emotional
- Acts of omission
 - Neglect, disattunment, non support
- Revictimization
- Social marginalization



Trauma in forensic settings

- Elevated child abuse and adult traumas in forensic settings
 - In most studies, youth involved in juvenile justice settings have a 70-90% likelihood of at least one major trauma
 - In one study (Abram et al, 2013)
 - over 90 percent of youth in detention had experienced at least one trauma,
 - 84 percent experienced more than one trauma,
 - Over 55 percent reported being exposed to trauma six or more times

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Complex posttraumatic outcomes

- Anxiety, depression, anger
- Posttraumatic stress
- Emotional dysregulation
- · Negative relational and self schema
- · Avoidance responses
 - Dissociation
 - Distress reduction behaviors, including SIB
 - Substance abuse
 - Suicidality



Diagnoses often confused with complex trauma

- · Conduct disorder
- Borderline personality disorder
- Antisocial personality disorder
- Bipolar Affective Disorder
- ADHD

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Development of maladaptive behavior

- Imbalance between:
 - Triggerable attachment/trauma-related distress
 - Anger, anxiety, self-hatred

AND

- Inadequate emotional regulation
- Often in the context of identity/self-reference issues

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Problematic behaviors

- · Distress reduction behaviors
 - Self-injury
 - Problematic sexual behavior
 - Bulimic behaviors
 - "Impulsive" aggression
 - "Impulsive" suicidality
 - Other risky behavior
- Substance abuse
- Vulnerability to gangs, victimization, exploitation via prostitution

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Criminality in particular

- · Alienation by social marginalization
- Long-term effects of child maltreatment
 - Triggering (within PTSD or irrespective)
 - Source attribution errors
 - Anger
 - Inadequate distress tolerance/regulation
 - Modelling for aggression
- Exacerbation by substance abuse

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Trauma-informed care

- To intervene in trauma-related inmate behaviors
 - To deescalate problematic events
 - For humanitarian reasons (symptom reduction)
 - To provide treatment that may reduce future offending

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Trauma-informed care

- Screen for trauma history and its symptoms
- Understand the impact of trauma generally and in prison environments
 - Anger, aggression, passivity, self-injury, suicide, hypersensitivity, limited coping responses
- Be sensitive to trauma triggers
 - Authority, seemingly arbitrary rules, restricted movement, discipline, danger, chaos, lack of privacy, pat downs and strip searches

Trauma-informed care

- Solutions beyond physical control/discipline
 - Assessment of operating conditions in confrontation or crisis
 - · Motivation for behavior
 - Deescalation
 - Negotiation
 - Reduce or remove triggering aspects of environment
 - Teaching emotional regulation skills, anger management, trigger identification



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Impact on Decision-makers

- Decision-makers/commissioners repeatedly exposed to
 - Impact statements/interviews from victims and their families
 - Dealing with individuals who have committed violent crimes, and descriptions of the crimes themselves
 - Parole suitability decisions in context of lengthy incarceration, conflicting information
 - · Crimes vs. inmate psychological issues, trauma history
 - Protection of public vs. possible positive impacts of parole
- Need for structured debriefing, organizational support



Suggested readings

Briere, J. 2019). Treating risky and compulsive behavior in trauma survivors. NY: Guilford.

Briere, J., & Lanktree, C.B. (2013). Integrative treatment of complex trauma for adolescents (ITCT-A): A guide for the treatment of multiply-traumatized youth, 2nd edition. Los Angeles, CA: USC Adolescent Trauma Training Center, National Child Traumatic Stress Network. (Available at no cost at attc.usc.edu)

Briere, J., & Scott, C. (2015). Complex trauma in adolescents and adults: Effects and treatment. *Psychiatric Clinics of North America*, 38, 515-27.

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